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Readiness and Recovery

Readiness and Recovery: Switching Between Methadone and Buprenorphine/Naloxone for the Treatment of Opioid Use Disorder

A 90 credit thesis submitted
in partial fulfillment of the requirements for the degree of
Master of Nursing at Massey University, Wellington, New Zealand

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2016

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Abstract

Opioid substitution treatment is an effective form of treatment for opioid use disorders. Long acting opiates are used as part of treatment with methadone and buprenorphine/naloxone (BUP/NX) most frequently prescribed. Current evidence suggests that BUP/NX is better than no treatment, but that methadone is marginally more effective for retention in treatment. Benefits of BUP/NX include greater ease in ceasing treatment and less use of illicit opiates while in treatment as compared to methadone. As yet there is little research asking service users about their experiences.

This project aims to understand citizen perspectives of what it was like to receive BUP/NX for the treatment of opioid use disorder. A qualitative descriptive approach was used to extract themes from semi-structured interviews of seven randomly selected participants. To be selected, participants had a current diagnosis of opioid use disorder, and had been prescribed BUP/NX during the course of their treatment. The project specifically sets out to consider how citizens viewed BUP/NX as a treatment option for opioid use disorder.

Thematic analysis extracted four themes that were interpreted in terms of the harm minimization and the recovery model. The four themes were: drivers for opioid substitution treatment change; readiness for BUP/NX substitution treatment; absence of effect from BUP/NX; and an increased sense of citizenship on BUP/NX. This study identified a number of factors that impacted on the participants' decision making when it came to switching between methadone and BUP/NX for the treatment of their opioid use disorder. This thesis discusses these factors and locates them within the current literature on the topic.

The thesis concludes by saying that methadone is most effective for those people who still seek sedation and currently wish to continue using other opioids, and BUP/NX is most effective for people who no longer wish to experience sedation, and see opioid abstinence as an end point in their recovery. This thesis also concludes that as an individual's treatment expectations change, these changes are important to consider when determining medication selection. Recommendations are offered, as is a treatment model, which is intended to help with medication decision-making. Future research directions are also suggested.

Acknowledgments

Firstly, and most importantly, thank you to the participants in this study. Their willingness to give their time, desire to share their experiences, and discuss many valuable insights into their predicaments and successes has been the only reason I was able to undertake this research.

I would like to thank Dr. Jean Gilmour, my academic supervisor who taught me about what good and meaningful research was, and then, like any fantastic editor she helped my work to be both cohesive and succinct. Her knowledge and support throughout this study was invaluable.

My thanks goes to Daryle Deering, who encouraged my line of enquiry, helped greatly when I was conceptualizing a framework to place the research within, and reviewed my content for its clinical consistency and to ensure it had added value for health practitioners.

I wish to thank Clarissa Broderick, my team leader, and in many ways my clinical champion. With her encouragement, her trust in my abilities, and general gusto to make sure I get everything I need to grow in my job, I have been able to develop into a practitioner-researcher.

Thanks must go to the following organisations and institutions that have supported me: Massey University, Capital and Coast District Health Board, the Māori Research Advisory Group at Capital and Coast District Health Board, and the National Association of Opioid Treatment Providers.

Thank you to the Massey University Graduate Research Fund.

I would like to thank the following individuals for all they did to help, namely Dr. Jill Wilkinson, Miranda Walker, and Dr. Petula Brannelly (Massey University), Klare Bray (Matua Raki), Dr. Sarah Blair, Dr. Sharmila Bernau, Dr. Michael Doran, Dr. Rongo Patel, Dr. Allanah Casey, Dr. Tom Flewett, Hilary Post, Verna Lawrence, Nick Knol, and Dr. Sam McBride from Capital and Coast District Health Board, and Helen Hamer.

Finally I wish to thank my family. To my wonderful and motivational partner Anna Harley for putting up with my mess, and formatting my final thesis when I wanted to strangle Mr. Word-Doc. Also great thanks to my children Remington, Chester, and Lily, who missed out on mountain bike rides, basketball hoops, cricket games, and general goofing around for big chunks of time. Here's to my dog Charles who nudged and pawed at me for the walks he was missing out on.

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